SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)	
HUMANE SOCIETY LEGISLATIVE FUND	

Full Name (Last, First, Middle Initial) of Payee			Date
Diners Club			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount
P O Box 6935			
City	State	Zip Code	14.85
The Lalces	NV	88901	
Purpose of Expenditure		Category/	Office Sought: X House State: MI
Transportation, lodging		Туре	House Senate
Name of Federal Candidate Supported or Oppos	ed by Expenditure:		President District: 09
Gary Peters	ca by Experiantine.		Check One: X Support Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		17232.48	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			
Diners Club			Date
			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount
P O Box 6935			
City	State	Zip Code	14.85
The Lalces	NV	88901	
Purpose of Expenditure		Category/	Office Sought: X House State: MI
Transportation, lodging		Type	House Senate
Name of Federal Candidate Supported or Oppos	od by Evpanditura:		President District: 09
Joseph K Knollenberg	ed by Experialitire.		
1 3			
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		401328.88	Other (specify)
			29.70
(a) SUBTOTAL of Itemized Independent Expendi	itures		29.70
(a) SUBTOTAL of Itemized Independent Expendition (b) SUBTOTAL of Unitemized Independent Expendent			
(b) SUBTOTALof Unitemized Independent Exper	nditures		5242.56
	nditures		5242.56